



PROVIDER BULLETIN

No. 07-10

May 9, 2007

TO: All Providers Participating in the Nebraska Medicaid Program

FROM: Mary Steiner, Medicaid Administrator

BY: Patricia Darnell, Claims Processing Administrator

RE: New Medicaid Claim Reports
New Process for Reporting Deleted Medicaid Claims

This bulletin announces important changes in Medicaid claims processing and introduces new Medicaid reports beginning May 29, 2007. Please notify your billing staff.

Changes for Professional Claims (CMS1500, Dental, and Nursing Facility):

- A new weekly report called “*Deleted Medicaid Claims*” (MCP564-D) will be used to notify you of paper claims that were deleted from processing. The report will list each deleted claim and the reason(s) for deletion. You will no longer receive copies of deleted claims in the mail. **It is important to review the report and submit a new claim for each deleted claim, if needed.**
- The monthly “*Suspended Claims Report*” will be replaced by a new report (MCP564-S) called “*Medicaid Claims In Process Over 30 Days*.”

Changes for Institutional Claims (UB92/UB04):

- The weekly “*Claims Status Report*” will be replaced by a new report (MCP564-DS). This report will include two sections: “*Medicaid Claims In Process Over 30 Days*” and “*Deleted Medicaid Claims*.”

About the “Deleted Medicaid Claims” Weekly Report

- This report is your notice of paper claims deleted from the Medicaid claims processing system. Claims are deleted because certain processing requirements prevent us from adjudicating the claim to final paid/denied status.
- Copies of deleted claims will not be mailed to your office unless a claim is deleted because of an incorrect Medicaid Provider Number.
- The report is mailed weekly. You will receive a report only if you have claims that were deleted the previous week.
- The report is mailed to your ‘pay-to’ address, the same address used for your Medicaid Remittance Advice.

- The report includes only deleted paper claims. Deleted electronic claims are reported on the “Electronic Claim Activity Report” sent to your electronic claim submitter/clearinghouse.
- Deleted claims are listed alphabetically by Medicaid client last name. The Medicaid client identification number, date received, patient account number, dates of service and claim submitted amount are also provided to assist you in identifying the claim.
- New information including claim receipt date, total submitted charge amount and total number of claims has been added to the report.
- If the Medicaid Client ID Number on your claim is incorrect, the claim will be listed on the report under “Unknown.”
- If the Medicaid Provider Number on your claim is incorrect, the claim will not be listed on the report. A notice of these deleted claims will be mailed to the address on your claim.
- The reason(s) each claim was deleted is printed on the report.
- Review the report weekly and submit a new, corrected claim, if needed.
- If the deleted claim had attachments and you will be sending in a new, corrected claim, make sure all the original attachments are sent with the new claim.

About The “Medicaid Claims In Process Over 30 Days” Report

- This report lists your paper and electronic claims in process that were received at least 30 days prior to the report date.
- The report will be sent only if your provider number has claims in process over 30 days.
- The report is mailed weekly for institutional claims and monthly (at the end of the month) for professional claims.
- The report is mailed to your ‘pay-to’ address, the same address used for your Medicaid Remittance Advice.

Examples and explanations of these reports are available at 471-000-127, 471-000-128, and 471-000-129 on the HHSS web site at <http://www.hhss.ne.gov/reg/appx/atc471.htm>. If you have questions about these reports or this Provider Bulletin, please contact Medicaid Inquiry at 877-255-3092 or 471-9128.